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APPLICANTS			· · · · · · · · · · · · · · · · · · ·					
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** CONTINUING DATA **********************************								
HONE BYC ** FOREIGN APPLICATIONS ************************************								
IF REQUIRED, FOR ** 02/13/2002	REIGN	FILING LICENSE GRANT						
0511004407-19-19-19-19-19-19-19-19-19-19-19-19-19-				STATE OR	SHEETS	TOTAL		INDEPENDENT
35 USC 119 (a-d) conditions met ves no Met after Allowance Verified and Acknowledged Examinate Signature Initials			lowance L ials	COUNTRY UT	DRAWING 7	CLAIMS 27		CLAIMS 3
ADDRESS 22913 WORKMAN NYDEG (F/K/A WORKMAN I 60 EAST SOUTH TE 1000 EAGLE GATE SALT LAKE CITY, 84111	NYDEC EMPLE TOWE							
TITLE Methods for disinfec	ting an	d cleaning dental root car	nals using a	a viscous sodium	n hypochlorite cor	npositior	1	
I N	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:				All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other			
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